## 117000189765

(F	lequestor's Name)	
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(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(C	ocument Number)	_
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## COVER LETTER

Division of Corporations	
FMB 702B LLC SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kylie Conrad & Kayla King	
Name of Person	
Corp1. Inc.	
Firm/Company	
7700 E Arapahoe Rd Ste 220	
Address	
Centennial, CO 80112	
City/State and Zip Code	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Kylie Conrad	720 823-9273 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	nmount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ame of the limited liability company:		6001 N	OCEAN DR		as 6001 N OCEAN DR				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		=	of limited liability com	-				
	1505		1505							
	HOLLYWOOD, FL 33019		HOLLY	WOOD, FL 3301	9					
	09/06/2017	I	.1700018	89765						
3.	Date of filing/registration in Florida	4.		Document nu	ımber					
5. (a)	CORPORATION SERVICE COMPANY									
J. (u)	Registered Agent and Registered Office shown on the records 1201 HAYS STREET	of the Florida	Dept, of S	late:						
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>		<del></del>	2024 SE TALL					
	TALLAHASSEE	FL_32301-25	25	<u> </u>	2024 APR -4 SECKE KEST TALL/AH KEST					
(b)	Registered Agents Inc				17	TT.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress.		AH C					
	7901 4th St N				H 9:31					
	NEW Registered Office Address:									
	Ste 3(0)			_						
	St. Petersburg	FL_33702								
change agent v was/we	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the street in the case of the members is the content of the case of organization or the operating agreement of the case	he registered liability con s of the limit he limited li	l office a ipany, it ed liabil ability c	and the business t is hereby confi- lity company or company.	office of the regis	tered ge(s)				
	A.M. JEWELL	LISA	M. JEW		t					
I here provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and completigations of my position as registered agent as provicely reflect a change in the registered office address. If in writing of this change.	gree to act i ie performat led for in Cl I hereby con	n this ca ice of m iapter 60 ifirm tha	movin I furthe	I name of signee ir agree to comply im familiar with an his document is be bility company has	with the d accept ing filed been				
	the state of the s									